

Missouri Division of Medical Services

www.dss.state.mo.us/dms

Special Bulletin

IMMUNIZATIONS

HEALTHY CHILDREN YOUTH SCREENING GUIDE

EPSDT/HCY SCREENING AND OFFICE VISIT ON SAME DATE OF SERVICE

(573) 751-2896

IMMUNIZATIONS

The attached schedule ([Attachment A](#)) indicates new recommendations for childhood immunizations. The Recommended Childhood Immunization Schedule was developed by the Advisory Committee on Immunization Practices (ACIP). State Medicaid agencies are required by Section 1905 (r) (1) of the Social Security Act to provide appropriate immunizations under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, also known as the Healthy Children and Youth (HCY) program, according to the ACIP schedule. This schedule is reviewed annually by the ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Below is a noted change in the immunization schedule. Please refer to attachment A for additional information.

- Influenza vaccine has been added.

Appropriate immunizations must be provided during a full HCY screening unless medically contraindicated or refused by the parent or guardian of the patient. The provider may bill for a full HCY screen if all other

screening components are performed and it is documented in the medical record that the appropriate immunizations were not provided due to medically contraindicated or refusal by parent or guardian.

If immunizations are given by someone other than the billing provider it must be documented in the medical record that follow up was completed or clearly documented that the immunizations were given.

If vaccine is not available it must be documented in child's medical record as, "vaccine not available" As the vaccine becomes available follow-up must be completed to ensure those children are immunized.

HEALTHY CHILDREN YOUTH SCREENING GUIDE

*The following statement applies to providers submitting claims for W0025XC, W0025XD, W0025XI, W0025XJ and 99432. As stated in earlier remittance advice notices the Healthy Children Youth screening guides have been revised to reflect current practice and be more provider friendly. **Effective April 1, 2002, these forms are mandatory for outpatient EPSDT/HCY screens and must be made a part of the child's medical record.***

Provider Communications

(800) 392-0938

or

These forms must be used to complete the full screen or unclothed physical and history partial screen. The full HCY screen includes all ten components of the HCY screening guide. The unclothed physical and history partial screen would include the first five components of the screening guide.

must be attached to the claim when submitting for payment.

Older versions of the form should not be used after this date. Providers can obtain the new forms by contacting the Provider Communications Unit at 1-800-392-0938 or 573-751-2896 or by completing and returning a Missouri Medicaid Forms Request ([Attachment B](#)). The new forms can also be downloaded and printed from the DMS web site at www.dss.state.mo.us/dms. Samples of the new forms are attached and can be copied for the provider's use. ([Attachment C.1-20](#))

**EPSDT/HCY SCREENING
AND OFFICE VISIT ON
SAME DATE OF
SERVICE**

Office visits (evaluation and management procedure codes) completed on the same date of service by the same provider as the HCY screens listed above are not covered unless documentation in the medical record indicate the medical need of the visit. A Certificate of Medical Necessity Form